

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4000AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/24/2009
NAME OF PROVIDER OR SUPPLIER LAS VENTANAS RETIREMENT COMMUNITY		STREET ADDRESS, CITY, STATE, ZIP CODE 10401 WEST CHARLESTON LAS VEGAS, NV 89135		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments Surveyor: 28276 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on 9/24/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility was licensed for 60 Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was 59. Sixteen resident files were reviewed and ten employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of C. The following deficiencies were identified:	Y 000		
Y 070 SS=D	449.196(1)(f) Qualifications of Caregiver-8 hours training NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. This Regulation is not met as evidenced by: Surveyor: 27364 Based on record review on 9/24/09, the facility failed to ensure 2 of 10 caregivers received eight	Y 070		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 070	Continued From page 1 hours of annual training (Employee #3 and #10). This was a repeat of the 10/16/08 State Licensure survey. Severity: 2 Scope: 1	Y 070		
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: Surveyor: 27364 Based on record review on 9/24/09, the facility failed to ensure 8 of 10 Employees complied with NAC 441A.375 regarding tuberculosis testing (Employee #1, #2, #3, #4, #6, #7, #8 and #10) for the protection of all residents. Employee #1 failed to provide evidence of a pre-employment physical. Employee #2 failed to provide evidence of a current one step tuberculosis (TB) test, the file documented the prior TB test was administered on 4/25/08. Employee #3 failed to provide evidence of a current one step TB test, the file documented the prior TB test was administered on 7/30/08.	Y 103		

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Y 103	Continued From page 2 Employee #4 failed to provide evidence of a positive TB test although a negative chest x-ray dated 5/15/06 was in the file. Employee #6 failed to provide evidence of a pre-employment physical and a positive TB test, although a negative chest x-ray dated 1/4/08 was in the file. Employee #7 failed to provide evidence of a current one step TB test, the file documented a prior two step TB test was administered in 2008. Employee #8 failed to provide evidence of a pre-employment physical. Employee #10 failed to provide evidence of a current one step TB test, the file documented the prior TB test was administered on 5/5/08. This was a repeat deficiency from the 10/16/08 State Licensure survey. Severity: 2 Scope: 3	Y 103		
Y 255 SS=F	449.217(6)(a)(b) Permits - Comply with NAC 446 NAC 449.217 6. A residential facility with more than 10 residents must: (a) Comply with the standards prescribed in chapter 446 of NAC. (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division.	Y 255		

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Y 255	<p>Continued From page 3</p> <p>This Regulation is not met as evidenced by: Surveyor: 27364</p> <p>Based on observation on 9/24/09, the facility failed to comply with the standards prescribed in chapter 446 of NAC. The facility failed to ensure the following:</p> <ul style="list-style-type: none"> - Person washing dishes is washing their hands after handling dirty dishes and cleaning supplies and before donning clean gloves and handling clean kitchenware/tableware - Pans of cooked sausage and bacon from prior day are correctly dated in the reach-in. The sliced ham is correctly dated (dated 9/26 with use by date of 9/29). Flour and sugar bins are labeled. - Thermometers are available and conspicuously located in the side station reach-ins. - A container of shrimp in the freezer and an opened bag of split peas (dry) in the dry storage are covered or wrapped. - A dipper well for ice cream scoop storage was available in the side station - repeat violation. - The cutting boards on the cooks line are serviceable; i.e. smooth and easily cleanable - repeat violation. - The door frame on the reach-in on the end of the cooks line was in good repair. The reach-in has damaged plastic around the door frame. 	Y 255			

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Y 255	Continued From page 4 <ul style="list-style-type: none"> - The banquet table for the soup warmers in the side station was NSF approved for food service use. - The ends of the shelf were not exposed particle board. - Sanitizer solution for wiping cloths was the proper concentration. - The cutting boards on the cooks line were clean. - Dirty dishes were not stacked on top of clean pans. Kitchenware is clean. - The following were clean: hood interior, shelving throughout cooking area, fryer cabinets, door handles on ovens, reach-ins, and walk ins, walk-in rolling racks. - Single service containers stored on the cooks line were stored face down on a clean surface. - Hand sinks in staff men and ladies rooms produced warm water within 30 seconds. - Dumpster and grease barrel were covered with lids. The ground around the dumpster was not heavily soiled. - The floors and floor sinks in the kitchen were clean. Severity: 2 Scope: 3	Y 255		
Y 693 SS=F	449.2712(2) Oxygen-Caregiver monitor resident ability	Y 693		

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Y 693	Continued From page 5 NAC 449.2712 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician. (b) Ensure That: (1) The resident's physician evaluates periodically the condition of the resident which necessitates his use of oxygen; (2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored; (3) Persons do not smoke in those areas where smoking is prohibited; (4) All electrical equipment is inspected for defects which may cause sparks. (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; (6) The equipment used to administer oxygen is in good working condition; (7) A portable unit for the administration of oxygen in the event of a power outage is present in the facility at all times when a resident who requires oxygen is present in the facility; and (8) The equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident.	Y 693			

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Y 693	Continued From page 6 This Regulation is not met as evidenced by: Surveyor: 27364 Based on observation on 9/24/09, the facility failed to ensure oxygen tanks were secured in a rack or to the wall in 3 of 3 resident rooms that utilized oxygen (Bedroom #114, #229 and #213). Severity: 2 Scope: 3	Y 693		
Y 859 SS=D	449.274(5) Periodic Physical examination of a resident NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician. This Regulation is not met as evidenced by: Surveyor: 27364 Based on record review on 9/24/09, the facility failed to ensure 2 of 10 residents received an annual physical (Resident #3 and #5). Severity: 2 Scope: 1	Y 859		
Y 878 SS=E	449.2742(6)(a)(1) Medication / Change order	Y 878		

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Y 878	<p>Continued From page 7</p> <p>NAC 449.2742</p> <p>6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident:</p> <p>(a) The caregiver responsible for assisting in the administration of the medication shall:</p> <p>(1) Comply with the order.</p> <p>This Regulation is not met as evidenced by: Surveyor: 27364 Based on record review and interview on 9/24/09, the facility failed to ensure 7 of 16 residents received medications as prescribed (Resident #1, #6, #7, #10, #11, #12 and #14).</p> <p>Resident #1 was prescribed Colace 100 milligrams (MG) liquid once a day in the evening, the resident's September 2009 medication administration record (MAR) documented the resident missed 6 doses from 9/17/09 through 9/22/09 because the medication was unavailable.</p> <p>Resident #6 was prescribed Aricept 10 MG take one tablet by mouth every day. The resident's September 2009 MAR documented the resident missed two doses on 9/6/09 and 9/7/09 because the medication was unavailable.</p> <p>Resident #7 was prescribed Aciphex 20 MG take one tablet every day. The resident's September 2009 MAR documented the resident missed 14 doses from 9/10/09 through 9/24/09 as the</p>	Y 878			

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Y 878	<p>Continued From page 8</p> <p>medication is unavailable. The resident's September 2009 MAR documents the resident was prescribed Cozaar 30 mg one tablet every day, however the label on the medication bottle indicated twice a day dosage. The physician's order was not available in the resident's file. The resident was prescribed Celexa 20 mg 1 tablet every day. The resident's September 2009 MAR did not list the medication, interview with the medication technician revealed the resident is not receiving the medication, no discontinue order was found in the resident's file.</p> <p>Resident #10 was prescribed Oxycodone 10 MG take one tablet every 12 hours. The resident's September 2009 MAR documented the resident missed 10 doses from 9/10/09 through 9/14/09 because the medication was unavailable.</p> <p>Resident #11 was prescribed lexapro 20 MG one tablet by mouth every day. The resident's September 2009 MAR documented the resident missed one dose on 9/18/09 because the medication was unavailable.</p> <p>Resident #12 was prescribed Famotidine 20 MG one tablet by mouth every day. The resident's September 2009 MAR documented the resident missed four doses from 9/13/09 through 9/16/09. The medication was discontinued 9/17/09.</p> <p>Resident #14 was prescribed Senna Plus 8.6 mg-50 mg two tablets by mouth every night. The resident's September 2009 MAR documented the resident missed two doses of the medication on 9/2/09 and 9/3/09 as the facility was waiting for the medication to be delivered.</p> <p>Severity: 2 Scope: 2</p>	Y 878			

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Y 936	Continued From page 9	Y 936		
Y 936 SS=F	<p>449.2749(1)(e) Resident file-NRS 441A Tuberculosis</p> <p>NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This Regulation is not met as evidenced by: Surveyor: 27364 Based on record review on 9/24/09, the facility failed to ensure 9 of 16 residents complied with NAC 441A.380 regarding tuberculosis (Resident #2, #4, #5, #6, #7, #8, #10, #11 and #15) which affected all residents.</p> <p>Resident #2 failed to provide evidence of a 2 step tuberculosis (TB) test. A one step was administered 7/25/08.</p> <p>Resident #4 failed to provide evidence of a 2 step TB test. A one step was administered 4/1/09.</p> <p>Resident #5 failed to provide evidence of a current one step TB test.</p> <p>Resident #6 failed to provide evidence of an initial two step TB test.</p> <p>Resident #7 failed to provide evidence of an initial</p>	Y 936		

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Y 936	<p>Continued From page 10</p> <p>two step TB test.</p> <p>Resident #8 failed to provide evidence of an initial two step TB test.</p> <p>Resident #10 failed to provide evidence of an initial two step TB test.</p> <p>Resident #11 failed to provide evidence of an initial two step TB test.</p> <p>Resident #15 failed to provide evidence of a current one step TB test.</p> <p>This was a repeat deficiency from the 10/16/08 State Licensure survey.</p> <p>Severity: 2 Scope: 3</p>	Y 936			

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